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& PRESSER**

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<b>To:</b>	Examiner Jeff B. Vockrodt	<b>From:</b>	Leslie S. Szivos
<b>Fax:</b>	703-872-9319	<b>Pages:</b>	16 Including cover
<b>Phone:</b>		<b>Date:</b>	December 27, 2002
<b>Re:</b>	U.S. Patent Appln. No. 09/553,997 Group Art Unit 2822 Docket: YOR920000036US1 (13322)	<b>CC:</b>	

• **Comments:**

Attached hereto:

1. Certificate of Transmission by Facsimile
2. Amendment Transmittal Letter (in duplicate)
3. Response Under 37 C.F.R. §1.116

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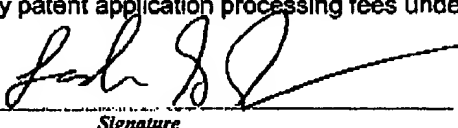
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>YOR920000036US1 (13322)</b>	
Applicant(s): <b>Douglas A. Buchanan, et al.</b>					
Serial No. <b>09/553,997</b>	Filing Date <b>April 20, 2000</b>	Examiner <b>Jeff B. Vockrodt</b>	Group Art Unit <b>2822</b>		
Invention: <b>PRECURSOR SOURCE MIXTURES, METHODS OF FILM DEPOSITION, AND FABRICATION OF STRUCTURES</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	60 -	60 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0510/IBM</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>December 27, 2002</b>		
<b>Leslie S. Szivos</b> <b>Registration No. 39,394</b>  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> <b>400 Garden City Plaza</b> <b>Garden City, New York 11530</b> <b>(516) 742-4343</b>					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.           _____          Signature of Person Mailing Correspondence           _____          Typed or Printed Name of Person Mailing Correspondence       </div>					
CC:					